

**Specialty Tracheostomy Tube Change Checklist #DAHS-NSCSPTTC21**

<b>Name:</b>	<b>Employee ID #:</b>
<b>Unit:</b>	<b>Title:</b>

PERFORMANCE CRITERIA - Unless otherwise specified all skills will be demonstrated in accordance with the appropriate UC Davis Health Policy and Procedure.

These skills will be considered complete when all below performance criteria are completed and page 1 has been scanned and emailed to: [cppn@health.ucdavis.edu](mailto:cppn@health.ucdavis.edu)

<b>Pre-Requisite Learning</b>	<b>Date Completed</b>
<b>References:</b> 1. <a href="#">UC Davis Health Policy 17003, Airway Management for Adult Patients</a> 2. Specialty Tracheostomy Tube Change e-module #DAHS-NGNSPECTTC20	
Complete Standard Tracheostomy Tube Change Checklist verification: DAHS-NSCSTTC21	
Receive approval from manager to proceed with <b>SPECIALTY</b> tracheostomy tube change verification	

<b>Perform/Complete</b>	<b>Date Completed</b>	<b>Verifier Initials</b>
1. Perform two <b>SPECIALTY</b> tube changes under direct supervision of a qualified MD/DO/NP/PA, RN, or RCP		
▪ <b>Change 1</b>		
▪ <b>Change 2</b>		
2. Correctly document tracheostomy tube change in EMR		

**PRECEPTOR SIGNATURE:**

Signature and Printed Name of Verifier (preceptor or other verified personnel) who have initialed on this form:

<b>Initials:</b>	<b>Print Name:</b>	<b>Signature:</b>

**PRECEPTEE STATEMENT AND SIGNATURE:**

I have read and understand the appropriate UC Davis Health Policies/Procedures and/or equipment operations manual, I have demonstrated the ability to perform the verified skills as noted, and I have the knowledge of the resources available to answer questions.

<b>Name:</b>	<b>Signature:</b>	<b>Date:</b>
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